



Access Alliance
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Working together to
improve client outcomes
by addressing language barriers

Agenda

- Language Support – the basics
- Access Alliance – Who we are
- Health Equity through Language Support
- Consequences of unaddressed language barriers
- Preferred language screening
- When do we need an interpreter?
- Who is qualified to interpret?
- Hot tips for working with interpreters
- How to access interpretation services

Before we get started....Important Terms

- Interpretation
 - On site vs. Remote (phone or video)
 - Consecutive interpretation
 - Simultaneous interpretation



- Translation



- Sight Translation



- Community Interpreting

- Ad-hoc interpreter vs Professional Interpreter



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Access Alliance – The CHC



Access Alliance – Language Services



Over 400 language professionals
Access to over 180 languages
F2F, OPI, VRI, Translation, Training

Health Equity through Language Support

Language is one of the main barriers to accessing healthcare services, receiving quality healthcare, and achieving desired outcomes.

Language access initiatives are in place to ensure that all individuals have **equitable access** to **high quality care** regardless of the language they speak or sign.

“... addressing language barriers will improve the quality of care to patients, improve efficiency and will reduce health care costs ...”

Literature Review: Costs of Not Providing Interpretation in Health Care, Access Alliance 2009

“All patients should receive high quality care, regardless of the languages they speak or sign.”

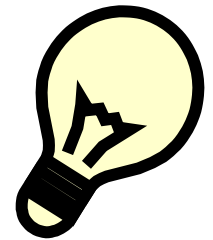
TC LHIN, qtd. in *Reducing the Language Accessibility Gap – Language Services Toronto Program Evaluation Report*. CRICH Survey Research Unit. St. Michael's Hospital, 2014.



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When language barriers are not addressed

- ↑ Use of emergency services
- ↑ Unnecessary imaging and interventions
- ↑ Hospital admissions
- ↑ Length of stay
- ↑ Readmissions < 30 days
- ↑ Risk of adverse drug events
- ↑ Burden of disease
- ↑ Overall costs of care



....The Healthy Immigrant Effect....




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Do we need an interpreter?

- preferred language screening recommended by the Institute of Medicine -

English Proficiency Screen

“How would you rate your ability to speak and understand English?”

- Very Well
 - Well
 - Not Very Well
 - Not at all
- 

Preferred Language Data Collection

“What language do you feel most comfortable using when speaking with your doctor or nurse?”

Ulmer, C., B. McFadden, D.R. Nerenz, eds. Race, ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Institute of Medicine. National Academies Press, Washington, D.C., 2009.



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Do we need an interpreter?

Effective communication across the spectrum of care and services



Completing
a form for
summer
camp

Discussing
diagnosis and
treatment
options

High Risk Clinical Scenarios Requiring Qualified Interpreters

- Emergency Department Care
- Informed Consent
- Surgical Care
- Medication Reconciliation
- Patient Discharge

Source: Betancourt, J.R. "Improving Patient Safety Systems for Patients with Limited English Proficiency: A Guide for Hospitals", Agency for Healthcare Research and Quality, 2012.

Why family or friends should not interpret

- Lack of proof of proficiency in both languages
- Lack of knowledge and training to competently interpret medical procedures and concepts
- Less likely to ask for clarification
- Violation of client privacy and confidentiality
- Conflicts of interest and burn out
- Tendency to significantly filter information (bias)
- Failure to disclose serious diagnoses to patients due to family's desire to protect patient from negative information

Why untrained bilingual staff should not interpret

- Not trained in interpreter competencies
- Not tested for language proficiency
- Potential violation of client privacy
- Role confusion for the client
- The accountability of staff as ad-hoc interpreters is questionable since it is outside their scope of practice or job description
- Involvement frequently is not documented
- Conflicts of interest and burn out

What do we mean by “qualified” interpreter?

Training & Testing:

- 70-180+ hours of training:
 - Interpreter Core Competency Training
 - Medical/Legal Terminology Training
- Interpreter Skills Assessment (e.g., CILISAT/ILSAT)

Accrediting Bodies and hiring agencies may also require:

- Ongoing professional development
- Post secondary education
- Proof of required level of English proficiency
- Police background checks
- Confidentiality agreements

Compromised Communication

The following is from a transcription of a mental health encounter interpreted by an untrained bilingual individual.

Hot Tips for Working with Interpreters



Working Well with Interpreters

Communicating Effectively
with your Clients

Brief the Interpreter.

Allow for the **Interpreter's
introduction.**

Speak directly to your client.

Speak at **an even, normal pace.**

Check in with the client
for comprehension.

For inquiries, or to pre-book
calls for rare languages, call
416-324-2731, press "0".

Before the encounter:

- Ask the client for their preferred language, and dialect if applicable
- When scheduling, remember that interpreted encounters require additional time
- For OPI, reduce background noise
- Brief the interpreter
- Allow the interpreter to introduce him/herself in both languages



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For inquiries, or to pre-book
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416-324-2731, press "0".

During the encounter:

- Never leave the interpreter alone with the client
- Speak directly to your client
- Speak at an even, normal pace
- Speak in short sentences, allow for turn-taking
- Speak in plain language
- Speak in the register you would use if the client spoke English



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Hot Tips for Working with Interpreters



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introduction.**

Speak directly to your client.

Speak at **an even, normal pace.**

Check in with the client
for comprehension.

For inquiries, or to pre-book
calls for rare languages, call
416-324-2731, press "0".

During the encounter:

- Never leave the interpreter alone with the client (yes, we're repeating this one)
- Remember that everything said will be interpreted (no side conversations, please)
- Check in with the client for understanding (don't ask the interpreter if the client understands)
- Respect and expect the interpreter's role boundaries
- Be conscious of the booked time



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Top tips for working effectively with interpreters

Top 7 tips when working with interpreters

1

Brief the interpreter.

2

Allow for the interpreter to introduce him/herself in both languages

3

Speak directly to the patient/client (i.e. not to the interpreter)

4

Speak at an even pace

5

Speak one or two sentences at a time

6

Check in with the patient/client for comprehension

7

Document the interpreter's name or ID number in the patient/client chart



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The A, B, C's of Language Access

A – **A**sk about preferred language (and while you're at it: **a**ctively offer language support and **a**ddress concerns)

B – **B**ook an interpreter (or ensure access to appropriate, qualified language support)

C – **C**hart the language support utilized



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Accessing Interpretation

Language Interpreter Services (LIS)

All service providers who work with victims of domestic violence, sexual violence or human trafficking are eligible to access language interpreters on behalf of their clients.

<http://www.citizenship.gov.on.ca/english/grantsandfunding/language.shtml>

When contracting with an ISP (Interpretation Service Provider), look for an agency that is certified and adheres to the National Standard Guide on Community Interpreting Services ([NSGCIS](#))

Many hospitals and CHCs have language access plans – when you make referrals, ask them about their access to interpretation services

Support your clients to advocate for themselves (e.g., [WwYPI guide](#))



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